

Enfield Caribbean Association

Community House, 311 Fore Street

London

N9 0PZ

T: 020 8373 6388 M: 07756 571134 / 07949 967961

Web: [www.enfieldcaribbeanassoc.org.uk](http://www.enfieldcaribbeanassoc.org.uk)

Email: info@theeca.org.uk

 **Supporting Communities in Enfield**

# **Membership Application Form**

(Please complete form in BLOCK CAPITALS)

(Please tick where appropriate)

|  |
| --- |
| Title: Mr **☐** Mrs **☐** Ms **☐** Other………………… |
| Members Full Name: |  |
| Address:Post Code: | Emergency Contact 1 Details |
| Full Name |  |
| Tel No: |  |
| Mob No: |  |
| Emergency Contact 2 Details |
| Tel No: |  | Full Name |  |
| Mobile No: |  | Tel No:  |  |
| Email:  |  | Mob No:  |  |
| Please indicate your age group:Under 25 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75plus ☐ 90plus ☐ |
| Please indicate your gender: Male **☐** Female **☐** Other, please state. ………………………………… |
| Please indicate your ethnic origin?Asian British ☐ Bangladeshi☐ Indian ☐ Pakistani ☐ Other Asian ☐ Black British ☐ Black African ☐Black Caribbean ☐ Other Caribbean ☐ Chinese ☐ White British ☐ White English ☐Other, please state ………………………………… |
| Do you have a disability? Yes ☐ No ☐ If yes, please can you advise us of the nature of your disability. ……………………………………………………………*We need to take account of members with disabilities to accommodate their needs, which may include reasonable adjustments to the physical environment and/or criteria and practices* |
| How would you describe your religion/belief: Christian ☐Anglican ☐Baptist ☐Methodist ☐Catholic ☐Other ☐: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Ways to Pay your £12 Annual Membership Fee**

Concession rates are available. To qualify for concession membership you must bring evidence that you are 60+, a student in full time education, claiming job seekers allowance or disability allowance.

|  |
| --- |
| **Payment Method****Tick to indicate your chosen payment method** |
|  |  |  |
|  |  |  |
| **☐ Cheque** | Please make cheques payable to:“Enfield Caribbean Association”Cheque addressed to Treasurer ECA, Community House 311 Fore St Edmonton N9 0PZ. |  |
| **☐ Cash** |  |  |
| **☐ Direct Debit** | Please complete the ECA direct debit form |  |
| **Membership acknowledgment will sent once payment received.**  |
| **For Office Use Only:** | **Membership Type** |
| **Name:** |  | * **Ordinary**
* **Volunteer**
* **Associate**
* **Trustee**
 |
| **Signature**  |  |
| **Date of Payment** |  |

**Volunteering Opportunities**

|  |
| --- |
| Please let us know what specific skills, expertise or ideas you would like to contribute to the organisation. (Details will be forwarded on application)* I would like to be a volunteer
 |
| * I have specific skills and am willing to contribute them as an Associate or Volunteer member for the benefit of the ECA Ordinary members.

Please tick one or more of the skills you possess and are willing to contribute for the benefit of our members. |
| * Managerial
* Bid Writing
* Networking
* Accounting
 | * Office Management
* Event Management
* Health & Fitness
* IT & Computing
 | * Primary teaching
* Secondary teaching
* Lecturing
* Health & Social Care
* Other
 |
| Please give details: |

**Data Protection**

Data Protection Act: The information you give us will be confidential and will not be given out to any other person or agency. From time to time we may wish to send you information about our organisation.

|  |
| --- |
| **I agree to abide by the rules and regulations governing the Association (for details, please refer to our website: www.enfieldcaribbeanassoc.org.uk)**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send me information on ECA events and special offers YES NO please tick the relevant box as appropriate. **No response** will be considered that you wish to receive information.